

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	XX	70801	10/13
O.I.P.E. CLASSIFIER		48	10/19/00
FORMALITY REVIEW		49652	11/22/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Best Available Copy

Claim	Final	Original	Date
1	✓	✓	11/29/00
2	✓	✓	3/6/01
3	✓	✓	11/29/00
4	✓	✓	11/29/00
5	✓	✓	11/29/00
6	✓	✓	11/29/00
7	✓	✓	11/29/00
8	✓	✓	11/29/00
9	✓	✓	11/29/00
10	✓	✓	11/29/00
11	✓	✓	11/29/00
12	✓	✓	11/29/00
13	✓	✓	11/29/00
14	✓	✓	11/29/00
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46	✓	✓	11/29/00
47	✓	✓	11/29/00
48	✓	✓	11/29/00
49	✓	✓	11/29/00
50	✓	✓	11/29/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here